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RECOMMENDATIONS FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE WEST AND CENTRAL AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the West and Central Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $3,303,988, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Cameroon	597 120	1991-1995
Ghana	1 184 551	1991-1995
Sierra Leone	1 522 317	1991-1995

Annual funding requirements of the three countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. CAMEROON

1. The country programme for Cameroon for the period 1991-1995 was approved by the Executive Board in 1991 with available general resources of $4,900,000 (E/ICEF/1991/P/L.6). Since the annual planning level was increased from $980,000 to $1,078,000, additional general resources of $597,120 are required to complete the current approved programme activities. The additional resources have made it possible to accelerate the implementation of the Bamako Initiative strategy in order to expand primary health care (PHC) coverage nationally and to ensure the delivery of minimum, qualitative health services to the population. Activities for the eradication of dracunculiasis (guinea-worm disease) have also been strengthened in the endemic Mayo-Sara district of the Far North Province. A mid-term review of the 1991-1995 country programme took place in late 1993, resulting in the establishment of revised sectoral programme strategies. A new country programme recommendation for the period 1996-2000 will be prepared in 1994 to be presented to the Executive Board in 1995.

Primary health care and nutrition

2. The health programme comprises two projects: the expanded programme on immunization (EPI) and PHC, using the Bamako Initiative strategy. UNICEF support has been provided in the areas of planning, supervision and continuous evaluation of activities at different levels of the health sector.

3. Under EPI, UNICEF has supported vaccination activities through the pre-service and refresher training of 45 doctors and 137 paramedics, particularly in micro-planning and management in six priority provinces of the country. At the community level, sensitization and information activities were carried out. Ninety communicators received training in information, education and communication techniques. Staff of 38 health centres of the Eastern, Western and Central provinces received training from an integrated team of supervisors. The programme has provided vaccines, which were distributed nationwide by the Ministry of Health. UNICEF also has provided cold-chain equipment and assisted with the maintenance of the cold chain. In order to reinforce EPI activities, 3,000 posters have been produced and 50 sessions for the sensitization of policy makers were organized. Coordination has been established with donors such as the Government of Germany and the World Health Organization (WHO).

4. UNICEF will continue to support the policies of the Ministry of Health, as promulgated in Parliament, which define the Government's commitment to the achievement of the mid-decade goals, a great challenge considering the 1993 vaccination coverage figures of approximately 37 per cent. In response to this situation, the health programme will ensure the availability of vaccination and sterilization equipment and provide training and refresher courses on EPI management. Special vaccination days will be implemented in every district as a strategy to reinforce routine activities. Efforts to increase the population's access to vaccinations will be accelerated, using outreach activities. Particular attention will be given to low coverage areas and to improving patient-health provider relations and the quality of service at health centres.

Social mobilization and advocacy will be intensified to promote community co-financing and co-management in health care delivery.

5. The Bamako Initiative strategy has been instrumental in improving the system of PHC management. One hundred and thirteen community health workers (CHWs), 180 management and health committee members and 182 health assistants have been trained. Twenty new health service areas were organized. A network for the distribution of essential drugs to 38 centres was established. A mechanism to supervise integrated PHC activities has been put in place. In addition, training at the national level has also been provided to guarantee efficient functioning.

6. UNICEF will assist in the development of an additional 15 health service areas with 163 health centres, including district hospitals. The objective is to increase the utilization rate of the revitalized health centres from the current 30 to 75 per cent. This will contribute to the attainment of the mid-decade health goals. Improvement in the efficacy and efficiency of the health system will be brought about by the rationalization of treatment through the use of essential drugs and standard treatment guides by prescribers. Intensive training of health staff and health management committees also will support this effort.

7. In 1993, activities to improve infant nutrition were put in place in three baby-friendly hospitals in Yaounde and Douala. The programme has supported the training of senior health cadres in breast-feeding. To support the initiative, a code regulating the marketing and free supply of breast-milk substitutes has been in effect since August 1993, and has been widely circulated. The programme will continue to promote infant nutrition at all maternity homes and hospitals in order to achieve the mid-decade goals.

8. All salt produced in Cameroon is iodized, but only 87 per cent of the population consumes this salt. Efforts are being made to reach the 13 per cent of the population currently consuming cheaper non-iodized salt, which is smuggled in from bordering countries. Information and sensitization campaigns in all of the major languages of the country are planned. In addition, a micronutrients programme will be developed within the framework of reorientating PHC in the 1994-1995 period. Vitamin A supplements will be administered to children suffering from measles and malnutrition.

9. In order to attain an oral rehydration therapy (ORT) use rate of 80 per cent by child caregivers, it will be necessary to intensify social mobilization and communication on home-based rehydration fluids and the promotion of oral rehydration salts (ORS). Social mobilization and coordination with non-governmental organizations (NGOs) and donors working on the Bamako Initiative will also be enhanced. As a further initiative, epidemiological surveillance, monitoring and evaluation are to be intensified with the assistance of the University of Cameroon.

10. The AIDS education project for youth will support school-based interventions. It aims to train youth to prevent AIDS and to master life skills issues discussed in Facts for Life. Coordination has been ensured with other donors, including WHO, the United Nations Population Fund (UNFPA), the German

Agency for Technical Cooperation, the United States Agency for International Development (USAID), the European Union, the French Ministry of Cooperation and the Belgian General Administration for Development Cooperation.

Water supply and sanitation

11. According to a 1987 survey, 41 per cent of all homes had piped water or obtained their water from public taps and wells. In urban areas, 27 per cent of the population had piped water, while 35 per cent obtained their water from public taps. In rural areas, total water coverage is 31 per cent. There is no recent data on water coverage. Thus, access to clean water is a major problem, exacerbated by the economic crisis. In 1993, the Government made a major reduction in investment in the water sector owing to financial constraints.

12. From 1991 to 1993, the programme concentrated on well construction, improving springs and support to management committees for water points. This has been undertaken in collaboration with the Ministries of Mines, Energy and Environment, Health, Social Affairs and the Promotion of Women and the development committees of the Ministry of Agriculture. UNICEF has financed the construction of 131 water points serving 55,300 people and 300 individual and communal latrines in the Southern Province. A national sanitation policy is needed to accelerate nationwide progress. UNICEF support in promoting the involvement of women and community participation has continued.

13. To meet the mid-decade targets for water supply and sanitation, several actions need to be taken. Firstly, advocacy for policy formulation and strategy development with the Government will be undertaken, with the involvement of other donors and NGOs. Advocacy with Government and donors for low-cost technologies will be a priority. Secondly, the impact on health will be enhanced through interlinking improvements in the quality of services and targeting. Improvements will be made in monitoring impact through better information and databases. The coordination of information, training, research and standardization of data collection and utilization will be reinforced. Thirdly, improved efficiency of water supply operations and cost-effective installation of water supply systems and their maintenance will be pursued by the restructuring of government and donor programme budgets and the replication of innovative institutional models already tested by, among other groups, Global 2000 and other NGOs. Cost-recovery schemes also will be strengthened. Fourthly, more attention will be paid to sanitation. For example, the concept of making the provision of water-pumps dependent on the installation of latrines will be introduced and attention will be paid to the role of women as full participants in all water supply and sanitation activities.

14. The dracunculiasis control project started in 1990 in the endemic Mayo-Sava district of the Far North Province, which has a population of about 218,000. Implementation is being undertaken by the Ministries of Mines, Energy and Environment, Agriculture and Social Affairs and the Promotion of Women and with other donors and NGOs. The number of dracunculiasis cases dropped from 778 in 1990 to 63 in 1993. The number of endemic villages has diminished from 72 in 1990 to 18 in 1993. Fifty-four villages, either endemic or at risk, have been supplied with water points to increase water supply coverage from 20 to 80 per cent, in collaboration with other donors such as the World Bank, the

Islamic Development Bank (IsDB), Cooperative for American Relief Everywhere, Inc., USAID and the Canadian International Development Agency (CIDA). Some 51 wells have been constructed for 26,000 households where potable water initially was not available.

15. To accelerate activities to eradicate dracunculiasis, case tracking and mapping techniques in the Mayo-Sava district and neighbouring countries will be introduced and effective monitoring and surveillance networking in affected areas will be organized. Technical assistance and joint training for case identification and worm extraction with neighbouring endemic countries (Chad and Nigeria) will be sustained. The operational research capacity within the Ministry of Health and the University of Ngaoundere will be supported. CHWs will be trained for surveillance in affected villages. This system will also be used to track EPI diseases. Community involvement will be promoted through collaboration with other UNICEF-supported programmes, such as education for girls and health programmes, in the northern provinces.

Education and women in development

16. The education and school health project with the Ministry of Education developed a network to provide health education for students, teachers, nurses and parents. Three health inspections were carried out in the Central, Littoral and Adamawa Provinces to monitor the health situation of children and teachers. Forty-five doctors and nurses were trained to implement children's health education and need assessments. The health clubs run by the students have held courses on hygiene, sanitation, latrines and garbage disposal. In 1994, Facts for Life will be used as a tool for health education in all 10 provinces and also integrated into the AIDS prevention programme.

17. The project on girls begun in 1993 is aimed at promoting the participation of girls in primary education in the disadvantaged provinces of Adamawa, the North and the Far North. The objective is to increase enrolment and completion rates by 10 per cent. A pilot project begun in Garoua district in the North Province will be extended to the other provinces. Following the mid-term programme review, a new orientation has emerged to focus on the achievement of the mid-decade education goals and on the preparation of the new programme of cooperation for the period 1996-2000. Increased advocacy will promote the formulation of a national policy to increase rapidly the enrolment of girls in primary schools. Therefore, social mobilization activities to involve parents in the primary education of girls will be sharpened. Improved early childhood development in community centres will also be a major facet of the programme, concentrating on the training of caregivers, the promotion of community participation in fund-raising for schools and the stimulation of local contributions and demand for service.

18. Non-formal education has been developed by rural animators through community organizations, with courses in nutrition, education, sanitation, literacy, health care and water hygiene. Support to women's centres has improved the supervision of literacy classes for women. A situation analysis of women will be undertaken in 1994 and the formulation of activities directed at addressing the needs of women will be incorporated into the next programme of cooperation. Gender analysis will be strengthened through training. A new

policy orientation pertaining to women will be developed and elaborated largely through a recently created inter-agency coordinating committee for women in development, with the participation of the United Nations Development Programme (UNDP), UNFPA, the World Food Programme (WFP), the Economic Commission for Africa (ECA) and UNICEF.

Social mobilization and advocacy

19. A national programme of action for children has been formulated but awaits formal government clearance. The Convention on the Rights of the Child has been signed by the Government, although it has yet to be ratified by Parliament. All sectoral activities have been supported by social mobilization and advocacy. Among the results, a code obliging producers to iodize salt is now being widely implemented. The code regulating the marketing and free supply of breast-milk substitutes has been enacted. A new national policy reorienting PHC and incorporating the Bamako Initiative strategy was adopted by Parliament. The "mayors as defenders of children" initiative has been implemented in three major cities.

20. Special attention needs to be given to the problems of girls and the children of Chadian refugees. Advocacy is needed for parliamentary and community endorsement of the national programme of action in order to accelerate implementation and evoke funding from donors. The mobilization of legislative support is necessary to strengthen the prefectoral committees for children at the community level.

21. Resource mobilization presents some important challenges. Although national NGOs have the potential to become the strongest allies of UNICEF in advocacy for children, their lack of material resources due to the weak economy makes them dependent on external assistance. Given the current difficult economic environment, more private sector fund-raising is needed to supplement resources from the Government and external aid sources for children's programmes. However, the "mayors as defenders of children" initiative will provide an opportunity for a greater domestic focus on children in especially difficult circumstances. Advocacy to increase the list of participating mayors in Cameroon will be accelerated with a conference of mayors scheduled for 1995, which will focus on the goal of accelerating the reduction of mortality for children under five years of age.

II. GHANA

22. Ghana's current country programme was approved by the Executive Board in 1991 for the 1991-1995 period, with a general resources allocation of $11,625,000 (E/ICEF/1991/P/L.7). The annual planning level was increased from $2,325,000 to $2,558,000 in 1992. Currently, there is a need to request further general resources funding of $1,184,551.

23. The present recommendation for additional general resources for child survival, development and protection will facilitate achievement of the mid-decade goals and set the foundation for the year 2000. In line with government policies focused on addressing the needs of children and women,

UNICEF assistance will continue to support sectoral programmes of health and nutrition, basic education, water supply and sanitation, social mobilization and social planning, and the previous achievements of the 1994-1995 period will be consolidated. At the same time, modifications are being incorporated into the country programme to include emerging priorities in household security and community development in response to the recommendations of the combined mid-term programme review and strategy formulation exercise of 1993 and the commitment to achieve the mid-decade goals.

24. Capacity-building at national and district levels, the empowerment of families, phased-in sustainability and strengthened collaboration with other development partners will be the primary strategies for the remainder of the country programme period.

Health and nutrition

25. The strategy of strengthening the district health system is yielding some positive results, judging from improvements noted in the use of ORT and the decline in the prevalence of measles and neonatal tetanus. But the overall health situation of children in Ghana remains precarious; cholera, AIDS, yaws and malaria are now at higher levels than in 1991. EPI coverage needs to be boosted back to and above the achievement of universal child immunization (UCI), attained in 1990. The overall nutrition status of children has improved somewhat, but protein-energy malnutrition remains high, particularly among the most marginal populations, who also experience the largest proportions of child mortality and morbidity.

26. The objective of the programme remains to provide communities with integrated services through a minimum, qualitative health-care package based on the principles of the Bamako Initiative. The programme strategy will shift from its past focus on national vertical programmes to: (a) empower parents as the main agents in children's health by providing them with access to essential health knowledge, such as Facts for Life, so that they participate effectively in the planning and management of health services; and (b) increase the managerial, communication, technical and resource mobilization skills of subnational and district health teams. Technical assistance, training, supply of vaccines and the provision of communication materials, traditional birth attendants' kits, equipment and transport will all form part of UNICEF assistance in the context of this programme.

Education

27. Within the primary-school-age population, there is a clear disparity between enrolment and literacy rates for boys and girls, particularly in the Muslim northern region of the country. In addition, recent competency-based achievement tests for school-leavers indicate that only 11 per cent of children aged 9 to 14 years old are literate, despite a gross enrolment of almost 80 per cent in 1991. Factors contributing to this negative trend include the low number of official hours of school; teachers with limited skills; high drop-out rates; and a limited government budget allocation. Although the education reform of 1987 has reduced the number of years of schooling with the aim of making the curriculum more responsive to the daily lives of most

Ghanaians, the curriculum is still overly focused on non-essential skills and too many subjects.

28. The objective for the period 1994-1995 is to achieve equity in schooling for underserved areas and groups, especially girls. For this purpose, UNICEF will continue to support primary and non-formal education as well as early childhood development services. Emphasis will be on school management reform, training methods, professional development, supervision for teachers, a more relevant curriculum, development of a community early childhood development system and operational research applying the "triple A" (assessment, analysis and action) approach to enhance opportunities for out-of-schoolchildren. UNICEF inputs will be primarily in the form of technical assistance for policy development and analysis, curriculum revision, training for national and district-level staff in management, community development, communications skills and logistical support to improve supervision.

Water supply and sanitation

29. Water-borne diseases such as typhoid, cholera, schistosomiasis and dracunculiasis remain a serious concern in Ghana. UNICEF will provide supplies, equipment and tools for use by trained artisans to accelerate the construction of safe water and sanitation points. Activities at the national level will also benefit from UNICEF assistance for technical training and logistics to improve (a) the planning and policy analysis capacity of national counterparts; (b) their ability to promote and implement community-based approaches; (c) the use of low-cost technologies and the undertaking of hygiene education activities; and (d) coordination among government agencies and between the Government and the donor community.

Household food security

30. The programme will strengthen national capacity in policy analysis regarding nutrition and development issues. Although overall nutritional status seems to have improved over the last 10 years, many families remain extremely vulnerable to deteriorating climatic or economic conditions. Despite increased donor focus on poverty issues, government capacity to alleviate poverty and to analyse the impact of national policies on the poorest sectors of society remains limited. UNICEF will provide technical and logistical assistance to the National Development Planning Commission and the Ministry of Agriculture to improve routine data collection and analysis and to carry out policy research.

Community-based development

31. One government objective is to support decentralization, which aims to build local government capacity to respond effectively to local needs and problems, as well as to empower families and communities to participate in development efforts. Emphasis will be on disadvantaged rural communities (particularly in the three northern regions), marginal urban communities and children in especially difficult circumstances.

Social mobilization

32. The programme seeks to improve the use of essential services (e.g., ORT, family planning and EPI) by families and build capacity within local governments to use a more participatory approach so as to increase community involvement in all stages of development programmes. UNICEF will provide technical assistance, educational materials and support for training activities.

Planning, monitoring and evaluation

33. The objective of the programme is to strengthen national capacity to collect, process, analyse, disseminate and use statistics related to children, especially those required for monitoring progress towards achievement of the national programme of action and mid-decade goals. The National Development Planning Commission is updating the situation analysis of children and women as an input to the preparation of the next country programme and the Government's medium-term development plan. UNICEF will continue its technical support to the National Development Planning Commission to complete this important work.

III. SIERRA LEONE

34. The country programme of cooperation between the Government of Sierra Leone and UNICEF for the period 1991-1995 was approved by the Executive Board in 1990 for the amount of $6,250,000 in general resources and $4,731,000 in supplementary funds (E/ICEF/1990/P/L.10). The annual general resources planning level for the programme was increased subsequently from $1,250,000 to $1,400,000 in 1991, and to $1,540,000 annually for 1992 and 1993 to accelerate programme activities, making possible a strong introduction of the Bamako Initiative and other approaches to community involvement in meeting the basic needs of children and mothers. Virtually all approved funds will be utilized by 1994, with only $170,000 left for programme implementation in 1995. In addition, the ceiling for 1994 and subsequent years has been increased to $1,600,000. Thus, an additional amount of $1,522,317 is requested for programme implementation in 1995.

35. Sierra Leone has been facing both loud and silent emergencies since the inception of the current programme cycle in 1991. The period has been marked by political tension and internal unrest, i.e., the military response against a rebel incursion from Liberia and a coup d'état on 29 April 1992. But the conflict with the rebels continued beyond the coup. As of July 1993, over 500,000 displaced persons were driven to take refuge in Guinea and Liberia or displaced to other areas within Sierra Leone.

36. National economic performance has been low over the last five years. The economy has grown at approximately 2 per cent per year, which is less than the annual growth of the population. Losses of crops, the mainstays of the economy, combined with the cost of armed conflict, have made life even more unbearable for the poor, particularly for women and children. It is estimated that 60 per cent of the population lives below the poverty line. Government budget allocations for the social sectors have been declining. For 1992-1993, the allocation for health was only 0.5 per cent of gross domestic product (GDP).

Consequently, there has been a steady decline in health, education and social services owing to an eroding resource base.

Integrated maternal and child health

37. The 1989 situation analysis of women and children revealed that Sierra Leone is among the five countries in the world with the highest infant and under-five mortality rates, 165 and 273 per 1,000 live births, respectively, in 1988.

38. The main nutrition problems for children and women are protein-energy malnutrition, iodine deficiency disorders (IDD) and anaemia. A national nutrition survey revealed that 30 per cent of the children from birth to five years of age were underweight; 24 per cent suffered from mild to moderate malnutrition and 1 per cent suffered from severe malnutrition; 3.6 per cent showed signs of wasting and 58 per cent of the children and 31 per cent of all pregnant women were anaemic. Nutrition problems are more serious in rural than in urban areas.

39. UNICEF provides major support for health services, especially PHC. Efforts to accelerate PHC have been hampered by the armed conflict, which directly affects three districts in the country, namely Kailahun, Pujehun and Kono. As a result, most health activities in those areas have come to a standstill, thereby lowering coverage of services, e.g., EPI coverage dropped from 75 per cent in 1990 to 70 per cent in 1993. Although the UNICEF-supported Bamako Initiative is being applied in only five districts thus far, other health interventions are nationwide. Bo and Bombali districts, which are supported by NGOs, have also adopted the Bamako Initiative principles.

40. Using the Bamako Initiative principles of a decentralized approach, rationalization of services and involvement of the community in management and financing, priority will be given to expansion towards universal coverage and sustainability of immunization, prenatal care and case management of diarrhoea and respiratory infections, sexually transmitted diseases and malaria.

41. In the field of nutrition, a national IDD survey will help to modify policy and legislation and to eliminate IDD. UNICEF support will continue for community-based growth monitoring and promotion by focusing on integrating this programme with other community-based health activities under the Bamako Initiative.

42. Greater priority will be given to maternal care; the AIDS control programme will be strengthened; and the essential drugs programme will be continued, with efforts being made to improve its management. The health information system will be strengthened, based on Bamako Initiative priorities, and social mobilization will be intensified to enhance programme delivery.

Basic education

43. The programme will serve as a bridge, leading from the present fragmented efforts and ad hoc initiatives, to full-scale implementation to improve and expand basic education. There are three components: non-formal primary education for children aged 6 to 14 years; adult literacy education for persons from 15 to 45 years of age, with an emphasis on the enrolment of girls and women; and the upgrading of primary schools.

44. The objective of the non-formal primary education programme is to design appropriate education mechanisms to enable young school-leavers to learn minimum life skills and to reshape rural primary education so that it is more relevant to the environment and needs of children. Implementation will expand from two to five districts in 1995.

45. Adult literacy classes for 3,233 persons 15 to 45 years old, 70 per cent of whom are women, are going on in 51 villages of Port Loko, Moyamba and Bombali districts. These classes are expanding and equipping women with knowledge and skills to cope with their day-to-day responsibilities. In addition to literacy, numeracy and social studies, other topics such as Facts for Life, early childhood development, environmental protection and income-earning activities are included. At the end of 1993, adult literacy classes had been established in 210 villages for 3,200 women; Facts for Life messages had been disseminated to reach 14,000 women; and 2,000 women had been trained in the management of small enterprises.

46. Under primary school upgrading, school buildings were refurbished and basic furniture was provided for 20 schools in Port Loko and Moyamba districts. The school upgrading has been linked with the school feeding programme supported by WFP. This component will be built into the area-based programme in the 1994-1995 period.

Area-based programme

47. The area-based programme is an integrated community development programme aimed at improving the socio-economic status of rural and peri-urban communities by focusing on women's development. The strategy is to address the basic needs of communities through the convergence of services, the identification and delivery of which are planned and implemented together with the community. Establishing a sustainable process of community participation and empowerment is a major concern.

48. The process of community animation helps to increase the capacity of people to build their knowledge, skills and resources. The programme combines income generation, food security, early childhood development, maternal and child health services and functional literacy to improve the productivity, health, nutrition and social status of the community, especially women. This programme has been implemented in 100 communities in four districts and the peri-urban settlements of the western area since 1991.

49. The overall economic base, nutritional status, family life skills and resource mobilization efforts of the communities are improving gradually as a

result of increased community participation in all activities, including planning, implementation and follow-up actions. Peoples' organizations, such as village development committees, with strong representation at the grass-roots level, have emerged and their capacities are increasing. The programme will expand to cover some 1,300 villages in the 5 selected districts by December 1995.

Household food security

50. Within the area-based programme, household food security helps to counteract the effects of structural adjustment measures, which have included retrenchment, removal of subsidies and reduction of wages. As the population has increased by 2.5 per cent per annum and food production has declined by 1 per cent per annum, communities have become more vulnerable, with mothers and children most seriously affected.

51. The programme objective is to increase women's income and access to food production and preservation technologies, as well as to increase their socio-economic status and enhance their capacity to care for their children. Loans and credits in cash and in kind are provided to establish women's groups for family food production and income-generating activities. These groups are also trained to manage these credits to promote sustainability of their activities.

Planning, coordination, monitoring, evaluation and programme development

52. This programme supports the entire interrelated country programme of health, nutrition, sanitation, education, area-based programmes and household food security. The goal is to strengthen the impact of basic services to reduce mortality in children under five years of age through improved and coordinated planning, monitoring and evaluation.

53. Integrated planning in five districts is leading towards community empowerment at the district level. Consequently, the training of district personnel in social planning has been initiated. The move towards decentralization will also help to improve the management of small, community-based projects. Capacity-building through improved information and management systems is also part of the programme at district and national levels.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Approved funding proposed 1995	Approved funding proposed Total
Cameroon	1991-1995	4 900 000	597 120	597 120
Ghana	1991-1995	11 625 000	1 184 551	1 184 551
Sierra Leone	1991-1995	6 250 000	1 522 317	1 522 317
Total			3 303 988	3 303 988

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.